

**MEDICAL EXTENSIONS**

**Purpose:** This category describes the extended medical benefits available when families are no longer eligible for TANF/SFA cash benefits or TANF/SFA related medical assistance due to increased earnings or collection of child or spousal support.

**WAC 388-523-0100 Medical extensions.**

- (1) A family who received temporary assistance for needy families (TANF) or state family assistance (SFA) cash or related medical assistance in any three of the last six months is eligible for extended medical benefits when they are ineligible for TANF/SFA-related medical because:
  - (a) They received child or spousal support, which exceeds the payment standard described in WAC 388-478-0020, and they are not eligible for any other categorically needy (CN) medical program; or
  - (b) Their earnings increased resulting in income exceeding the TANF/SFA payment standard described in subsection (1)(a).
- (2) A family described in subsection (1)(a) is eligible to receive four months of extended medical benefits beginning the month after termination from cash or TANF/SFA-related medical assistance, provided the family includes a child as defined in WAC 388-404-0005.
- (3) A family described in subsection (1)(b) is eligible to receive six months of extended medical benefits when:
  - (a) They continue to meet the eligibility requirements of a TANF/SFA-related medical program, other than income; and
  - (b) The family includes a child.
- (4) A family described in subsection (3) will not receive extended medical benefits for any family member who has been found ineligible for cash assistance because of fraud in any of the six months prior to the extended medical period.
- (5) A family receiving extended medical benefits described in subsection (4) of this section is eligible for up to an additional six calendar months of extended medical

benefits as long as:

- (a) The family continues to include a child; and
  - (b) The family's gross earned income, after child care deductions in the preceding three months averages less than one hundred eighty-five percent of the Federal Poverty Level (FPL), as described in [WAC 388-478-0075](#); and
  - (c) A caretaker relative has had earnings in each of the three previous months, prior to the month of request for the second six month extension; and
  - (d) The family reports to the department family earnings and child care costs relating to employment by the twenty-first day of the:
    - (i) Fourth month of the initial six month extension period; and
    - (ii) First month of the second six month extension; and
    - (iii) Fourth month of the second six month extension.
- (6) Certain circumstances may prevent a family from meeting the requirements in subsection (5)(b)(c) and (d) of this section. If that occurs, good cause may exist and the family remains eligible for the additional six month medical extension. Reasons for good cause include, but are not limited to:
- (a) Illness, mental impairment, injury, trauma, or stress; or
  - (b) Lack of understanding the reporting requirement due to a language barrier; or
  - (c) Transportation problems; or
  - (d) Payment for work in each month of the reporting period was paid in a different month than it was earned; or
  - (e) The client expected to be able to meet the family medical needs, but could not; or
  - (f) The client was given incorrect information about the reporting requirements.

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| (7) Postpartum and family planning extensions are described in <a href="#">WAC 388-462-0015</a> . |
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### CLARIFYING INFORMATION

1. A client is not limited to the receipt of TANF cash assistance to qualify for either of the medical extensions. Receipt of TANF-related medical assistance also qualifies.
2. A family that requests termination from TANF cash assistance because they want to “bank TANF months” does not receive the extension at that time. They continue to be eligible for TANF-related CN medical as long as they qualify based on income. Only after the increases beyond the TANF-related CNIL (Categorically Needy Income Level) does the first medical begin. If the income decreases after the extension begins, the family may re-qualify for TANF-related CN.

### WORKER RESPONSIBILITIES

1. If a family has been terminated from TANF/SFA because the Division of Child Support (DCS) has collected child support in excess of the grant for two consecutive months, apply the financial responsibility rules (see **ASSISTANCE UNITS MAUs**) before processing the family for the medical extension. After doing that, process the extension for the family members who remain in the same MAU.
2. If the termination was the result of the receipt of increased spousal support, the four-month extension is appropriate.
3. When the family composition changes during the medical extension period take the following actions:
  - a. Add a family member when the person:
    - (1) Is born or adopted into the family; or
    - (2) Returns to the family and would have been a member of the medical assistance unit if the person had been in the household when the medical extension began;

- b. Remove a family member from the medical assistance unit when the person leaves the household.
- 4. Terminate a family's medical extension during the:
  - a. Initial six months if the:
    - (1) Family moves out of state; or
    - (2) Only eligible child leaves the home.
  - b. Additional six month period, after reviewing for good cause if the:
    - (1) Family moves out of state; or
    - (2) Only eligible child leaves the home; or
    - (3) Family's gross earned income, less child care expenses, when averaged over three months exceeds 185% of the FPL; or
    - (4) The client submits a late quarterly report or did not have earnings in one or more of the months in the reporting period.
- 5. During the second six-month extension period do not terminate for excess earned income unless the average monthly earnings of the quarterly report period, less child care costs, exceeds 185% FPL.
- 6. Use the remainder of the original medical extension period for a family that again becomes eligible for and is subsequently terminated from financial assistance during the medical extension period.

In this type of situation, the remainder of the extension would only be used if the family was not eligible for a new medical extension because they had not been on TANF/SFA cash or medical assistance in three of the previous six months.

### **EXAMPLE**

A family receives the original six month extension, but the parent loses their job at the end of the six months and the family goes back on TANF. After a month on TANF, the parent is rehired at a salary which results in termination from TANF cash assistance. Their child care expenses are too low for the family to qualify

for TANF-related medical.

The family does not qualify for continuing TANF-related medical because their countable income exceeds the TANF payment standards.

The family is not eligible for a new medical extension because they had not been on TANF or TANF-related medical assistance in three of the last six months. (The months of medical extension do not count toward the three out of the last six months receipt TANF/SFA or TANF/SFA-related medical assistance.) Since the family had not used the additional six months of the original medical extension, these months can now be used.

7. If the family receiving the medical extension is also a monthly food assistance reporting household, their monthly report forms meet the requirement of the quarterly report form. Failure to submit the monthly food assistance report cannot cause termination of the medical extension during the first six month period.
8. When the extension period ends or termination is proposed for another reason, continue eligibility until a re-determination of eligibility for all other medical programs is completed.

## **ACES PROCEDURES FOR MEDICAL EXTENSIONS**

### **A. Four Month Extension**

Process the four month medical extension after it has been determined that the AU is no longer eligible for a TANF grant using the following procedure:

1. From the (AMEN), select [R] and enter the AU ID. <TRANSMIT>
2. Go to the (STAT) screen for the AF assistance.
3. Enter closing code #507 – Change in Child Supp Pmnts – in the (AU Status Reason) field. <TRANSMIT>
4. Update all other screens as necessary and call [DONE].
5. The AF (ELIG) screen should show that the AU was closed and display the paid thru date. Confirm non-financial eligibility by entering a [Y] in the (Confirm) field. <TRANSMIT>.

6. (CAFI) screen will display. Benefit amount should be \$0. Confirm financial eligibility by entering a [Y] in the (Bnft Confirm) field. ACES will generate a notice #0006. Add freeform text to notice according to protocols or override the notice and send letter T01G. See **ACES** for protocols. See **NOTICES and LETTERS** for instructions on notice and letter protocols. <TRANSMIT>
7. The MA (ELIG) screen displays. The Medical Coverage Group will be F03 and will be shown in pink. This signifies that the AF AU has sprouted. Confirm non-financial eligibility and <TRANSMIT>.
8. (MAFI) screen will display. Check the Review End date for accuracy. Confirm financial eligibility. ACES will send notice #0025.
9. If applicable, confirm the non-financial eligibility and financial eligibility of the FS AU.

**B. TRANSITIONAL MEDICAL EXTENSION**

These are the procedures used to process the Transitional Medical Extension after it has been determined that the AU is no longer eligible for a TANF grant due to earned income. There are three different ways to activate this assistance: automatic sprout, forced sprout, and add-a-program.

1. AUTOMATIC SPROUT – this will occur in the majority of TANF cases that become eligible for Transitional Medical. The steps to process this are:
  - a. From the (AMEN), select [R] and enter the AU/Client ID. <TRANSMIT>
  - b. Go to the (ERN2) screen and update the income. <TRANSMIT>
  - c. Update all other data screens as necessary and call [DONE].
  - d. The AF (ELIG) screen will show closed status. Confirm. <TRANSMIT>
  - e. The (CAFO) screen displays a \$0 benefit amount. Confirm. Issue notice 0006 with added freeform text or override the notice and send letter T01G. <TRANSMIT>. See **NOTICES and LETTERS** for instructions on notice and letters protocols.
  - f. The MA (ELIG) screen displays Medical Coverage Group F02 in pink.

Confirm. <TRANSMIT>

- g. Confirm financial eligibility on the (MAFI) screen. Check the review end date. ACES will generate notice 0025. <TRANSMIT>
  - h. **NOTE:** If this method is used, ACES will send the Quarterly Reports and track their status.
2. **FORCED SPROUT** – If ACES does not automatically sprout to F02 as described above, you can force this to happen. These are the steps you must take for this to happen:
- a. If the MA F02 (ELIG) screen does not display after confirming the termination of the grant on the (CAFI) screen, (step f. above), <F3> out of the case.
  - b. Re-enter the AU from the (AMEN) screen and go to the AF (STAT) screen.
  - c. From the (STAT) screen, enter closing code #508 – Failed 100 Hour Rule – in the (AU Status Reasons) field. <TRANSMIT>
  - d. Update the (ERN2) and any other screen as necessary and call [DONE].
  - e. ACES will then close the TANF AU correctly and sprout to F02 as described above. When confirming the termination on the (CAFI) screen, override the notice and send letter T01G. See **LETTERS and NOTICES** for instructions on letter and notice protocols.
  - f. **NOTE:** ACES will also send and tract the Quarterly Reports if this method is used.
3. **ADD-A-PROGRAM** – Use this method only when you fail to <F3> out of the TANF termination and you confirm the closure without the F02 extension.
- a. Add F04 to whatever related AU remains active. See **CHANGE OF CIRCUMSTANCES** for ADD-A-PROGRAM procedures.
  - b. F04 is income driven so the income coding must be changed to prevent a denial due to excess income.

- (1) If there is a related FS AU, delete the current income and re-enter with the income coding of FS Countable Only in the appropriate fields of the (ERN1) and (UINC) screens. Press <F1> for appropriate valid values.
  - (2) If there is not a related FS AU, change the amount to \$1.00 in both the Prospective and Retrospective fields.
- c. Process and Finalize.
  - d. **NOTE:** ACES does not associate F04 with the Transition Medical Extension. You will have to send and track the Quarterly Reports yourself through the use of User Generated Alerts. See **ACES** for details on creating these alerts.

## C. PROCESSING QUARTERLY REPORTS

Quarterly reports are sent out to clients receiving Transitional Medical benefits to report their income and child care expenses. The FSS uses the report to determine ongoing eligibility for these benefits.

### 1. FIRST QUARTERLY REPORT

- a. The purpose of this report is to determine if an AU is potentially eligible for the second six months of Transitional Medical. It is sent to the client in the third month and is due by the 22<sup>nd</sup> of the fourth month.
- b. If it is returned prior to the 22<sup>nd</sup>, update the status on the (MISC) screen. This is similar to updating a monthly report. See **MONTHLY REPORTING** for details.
- c. If it is returned after the 22<sup>nd</sup>, determine whether the AU had good cause for submitting it late. Update the (MR/QR Gd Cause) field on the (MISC) screen and confirm eligibility.
- d. If it is submitted late without good cause or is not returned at all, the AU is not eligible for the second six months of Transitional Medical.
  - (1) ACES will send Notice 0033 – Notice of Termination Due to Non-receipt of Medicaid Quarterly Reporting Form – in the fifth month.



- (2) The AU will be automatically terminated at the end of the sixth month.

## 2. SECOND AND THIRD QUARTERLY REPORTS

- a. The purpose of these two reports is to determine if an AU is financially eligible to continue receiving Transitional Medical during the second six months. They are sent to the client in the sixth and ninth months and are due by the 22<sup>nd</sup> of the seventh and tenth months respectively.
- b. If they are returned by the 22<sup>nd</sup>:
  - (1) Manually determine if the AU is financially eligible. ACES will not terminate if the income exceeds the gross income limit.
  - (2) If the income exceeds the gross income limit or the earned income has stopped, terminate the Transitional Medical and redetermine eligibility for other medical programs.
  - (3) If the AU remains financially eligible and no other conditions exist that would cause termination, update the (MISC) screen and confirm eligibility.
- c. If they are returned after the 22<sup>nd</sup>, determine if the AU had good cause. Update the (MR/QR Gd Cause) field on the (MISC) screen.
- d. If they are submitted late without good cause or are not returned at all, the AU is automatically terminated by ACES at the end of the seventh or tenth month, whichever is applicable.

## 3. REPLACEMENT QUARTERLY REPORTS – you can issue a new Quarterly Report for QRs that were sent and not received by the client.

- a. From the (AMEN), select [G]. ,TRANSMIT>
- b. The (PRNT) screen displays. Select [2] and enter the AU ID. <TRANSMIT>
- c. A list of all related AUs displays.
- d. Enter [Y] next to the appropriate AU. <TRANSMIT>

- e. ACES returns to the (AMEN). The replacement QR will be issued in overnight batch.